SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

F	ЭR	LINE	NU	MBER	:	PAGE	1	16	OF	38
(c	he	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using	the name and address of any political committee to					
NAME OF COMMITTEE (In Full)						
/ American Health Care Associ	ation Political Action Committee					
Full Name (Last, First, Middle Initial) A. Marcus Naquin	Date of Receipt					
Mailing Address 1702 South Elm Street	06 06 2015					
City	State Zip Code	Transaction ID : C3021510				
Hammond	LA 70403	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation	1				
Hammond Nursing Home	Owner					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General						
Other (specify) ▼	500.00					
Full Name (Last, First, Middle Initial) Scott Pilgrim	Date of Receipt					
Mailing Address PO Box 990		06 12 _2015 _				
City	State Zip Code	Transaction ID : C3023677				
Edmond	OK 73083	Amount of Each Receipt this Period				
FEC ID number of contributing						
federal political committee.	C	5000.00				
Name of Employer	Name of Employer Occupation					
Diakonos Group LLC	Owner					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General	00 0					
Other (specify) ▼	5000.00					
Full Name (Last, First, Middle Initial)	Date of Receipt					
Mailing Address 3929 Azalea Court						
City Maumee	State Zip Code OH 43537	Transaction ID : C3051276 Amount of Each Receipt this Period				
FEC ID number of contributing						
federal political committee.	C	576.93				
Name of Employer	-					
American Health Care Association	1					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	2500.03	* Payroll Deduction: \$192.31 Bi-Weekly				
		F000 00				
SUBTOTAL of Receipts This Page (optional)	>	5826.93				
TOTAL This Period (last page this line numb	er only)					